

HEALTH DEPARTMENT AND OTHER REPORTS

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Epidemiological Report—League of Nations—The fourth epidemiological report of the Health Section of the League of Nations for the year 1926 occupies 100 pages and contains an immense amount of valuable information to health administrators. In previous reports, statistical tables have been arranged to show the conditions in each country separately, but now all information is grouped according to disease. This enables the reader to obtain a better view of the situation of any particular epidemic disease. A detailed tabular index has been prepared, and this makes unnecessary a large number of tables in the text. Carefully prepared maps and charts add interest to the report. The arrangement of these charts and statistical tables in relation to descriptive text is worthy of study by health workers preparing annual reports.

Information on the prevalence of notifiable diseases is now received by the Health Section from practically all countries in which such information is collected. It is amplified by mortality statistics, by cause, for large towns throughout the world. Plague was on the whole more prevalent in 1926 than in 1925. This increase, apparently temporary, occurred in many countries, but was most marked in northern India. The geographical distribution of cholera was similar to that of the previous year. There was observed comparative quiescence in main centers in India, marked extension in various countries further east, with complete absence of the disease west of India. The reappearance of yellow fever in Senegal in October, after the arrival of a convoy of 200 Syrians, gave rise to a series of cases in widely separated localities which had not been infected for many years.

According to this report, the classical type of smallpox has now become fairly rare in Europe, except in the Union of Soviet Socialist Republics, but mild smallpox continues to be spread in England. It seems from mortality reports that the severe form still predominates on the continent, at least in France, southern and eastern Europe. It is stated that the United States is in much the same position as England, in that the mild form has been spreading for a number of years. "Vaccination laws are insufficient in many states and the proportion of vaccinated children is, over large areas, below the safety limit." The situation of the United States is said to be less favorable than that of England because the disease began to spread earlier and is now of more or less common occurrence in practically the whole of the country, while in England, so far, only a limited area in the north is infected.

Typhus fever has decreased, and is now, so far as Europe is concerned, of practical importance only in eastern Europe, although endemic centers still exist in a few other localities. Undulant fever occurs in most Mediterranean countries, but is nowhere very prevalent except in Malta. Enteric fever is spread over the whole world in contrast with most of the diseases previously mentioned. Interesting data are given for different countries regarding the incidence of this disease. The most severe outbreak of typhoid fever in 1926 was at Hanover, Germany, which began toward the end of August and lasted throughout September. There were in all about 2,500 cases and 260 deaths in a population of approximately 425,000. The case mortality rate was 10.4 per cent. This epidemic was preceded by one

of probably between 20,000 and 30,000 cases of acute gastric and intestinal catarrh, which lasted until the end of August. According to conclusions of the government commission, the epidemic was probably due to water-borne infection.

The year 1926 passed without any influenza epidemics of primary importance. "Together with the two epidemic diseases of the central nervous system—epidemic encephalitis and epidemic poliomyelitis—this disease constitutes undoubtedly the most urgent unsolved epidemiological problem." Statistics regarding the incidence of poliomyelitis are not available for all countries. Acute poliomyelitis is stated to be far more prevalent in Europe, North America, New Zealand and Australia than elsewhere. A decrease was noted during the year in the United States and Canada.

The incidence of diphtheria in most countries has in recent years been running its normal course with small temporary increases and decreases. A more permanent improvement seems to have occurred in the death rate from diphtheria, but it has, on the whole, not been so great as in the case of scarlet fever. In the United States where the immunization campaign is more vigorously pursued than elsewhere, there has been a steady decrease of diphtheria since 1921. Measles undoubtedly causes more deaths throughout the world than either scarlet fever or diphtheria, being prevalent in both cold and hot climates and among most races. It probably causes more deaths in Egypt and the adjoining part of Asia than any other epidemic disease. Notification of whooping cough cases is not compulsory in many countries, and is incomplete in most countries. The reports are probably more complete in Denmark than elsewhere; in 1926 there were 890 cases per 100,000 inhabitants. It is an important disease which causes considerable mortality among the very small children

in most countries. In Mexico there were more deaths from whooping cough than from the other three epidemic diseases of childhood combined. It causes a greater mortality than either diphtheria, scarlet fever or measles in the Scandinavian countries, the Netherlands, Germany, Switzerland and Austria.

Hamilton, Ont.—Hamilton's progress in health work is effectively set forth in a report for each of the years ending October 31, 1926 and 1927. The form of the report is of interest. The pages are $8\frac{5}{8}$ inches x $11\frac{3}{8}$ inches. The first two pages give the organization and personnel of the board and the department, the third page carrying a classified financial statement arranged by functions. Photographs of city officials and bureau heads precede an interesting account of the medical officer of health. Effective graphs add to the clarity of the report. An alphabetical index facilitates reference to special topics.

Diphtheria immunization work is carried on in all the clinics, as it was found that a large number of children could be reached through these channels. This city with a population of 123,359 expended through the health department \$87,616 during the current year 1926. A birth rate of 22.5, a death rate of 10.46 and an infant mortality rate of 65 are recorded. It is noteworthy that these statistics with the principal causes of death are briefly mentioned in the early part of the report.

In the 1927 report, interesting charts and tables indicate the trend of diphtheria in this city since 1905. In that year, with a population of 57,561, there were 218 cases with 22 deaths. With considerably over twice that population in 1926 there were 121 cases with 3 deaths, while in 1927 there were only 11 cases with 1 death. "When the department commenced its diphtheria immunization work in 1922 we expected, perhaps, 5 years as the period to elapse

before any appreciable results could be noted. The figures for this year not only show a remarkable diminution in the number of cases and deaths, but far surpass our most sanguine hopes."

New Haven Community Center—How an annual report, with considerable statistical data, may be made interesting and attractive is demonstrated in the 94th report of the Children's Community Center. Effective photographs of children and buildings, with excellent graphs and charts, are distributed throughout. These are carefully arranged in relation to the descriptive text. A study of this report gives one a good picture of the year's work, with its special problems and accomplishments.

In this institution, with its modern buildings and equipment, medical care following a complete physical examination safeguards health; personality trends are studied; psychological examinations are used in educational and vocational guidance; and preparation is given for placement in carefully selected and supervised foster homes. The children are received from other agencies, parents or guardians, without regard to race, creed or color, and no effort is spared to provide them with scientific foster parenthood.

Montreal Anti-Tuberculosis and Health League—The third annual report of this organization contains annual meeting addresses and summaries of a year's work. The address of the chairman of the board of directors is of special interest because of proposals or suggestions made in regard to the work of different official health and school agencies for the improvement or expansion of their programs. The general health situation has been surveyed for this purpose and the recommendations seem in accord with modern tendencies.

From the managing director's report,

it is learned that over 6,000 copies of a booklet *Health in the Home* were distributed in homes under supervision. This manual is also used as a textbook for group instruction. The Royal Edward Institute received 1,300 copies, upon request, for their patients. Through the courtesy of the school commissions, a book-plate of health rules was given to each school child, and under the supervision of their teachers, was pasted in one of their school books. This is an educational device worthy of note. The report contains an excellent analysis of the various types of cases under supervision of the league.

Shreveport, La.—The biennial report of Shreveport for 1925 and 1926 covers the work of the different city departments, including health. Food inspections include all places where food or drink is prepared, served or sold. The U. S. Public Health Service standard milk ordinance has been adopted, and there is an active movement for the pasteurization of milk. All milk and dairy products used in the manufacture of ice cream are either boiled or pasteurized. There were 2,015 samples of ice cream analyzed with 735 plant inspections during the period.

Mosquito control work is said to date from 1923 following a dengue fever epidemic. By a gradual process of education and demonstration, interest has been aroused so that now there are provided systematic control measures practically the year round.

School medical examinations are carried on under the Board of Health. Of 15,591 white children examined, 7,592 were found to have defects, while 6,589 defects were corrected. Of 6,700 colored children examined, 3,109 were found to have defects, while 2,330 defects were corrected. Circulars and booklets on child health have been widely distributed.